| =:11 | in this inform | ation to identify y | our caso: | | | I | | | | |
|-------|--|-----------------------|-----------------|--|--|-----------------------------|------------|---------------|------------------------|-------|
| | III IIIIS IIIIOIII | lation to identity y | our case. | | | | | | | |
| Deb | Debtor 1 Shanita D. Outing | | | | | Ch | eck if thi | | | |
| Dah | otor 2 | | | | | ✓ | | ended filing | ing postpetition cha | ntor |
| ! | ouse, if filing) | | | | - | | | | the following date: | ptei |
| | | | | | | | | | | |
| Unit | ted States Ban | kruptcy Court for the | EASTE | RN DISTRICT OF PEN | NSYLVANIA | | MM / [| OD / YYYY | | |
| Cas | se number | 20-10679 | | | | | | | | |
| (If k | nown) | | | | | | | | | |
| | | | | | | | | | | |
| 0 | fficial F | orm 106J | | | | | | | | |
| _ | | | <u></u> | A A A MEND | CD | | | | | |
| | | | | ises AMEND | | | | | | 12/15 |
| | | | | | e are filing together, be his form. On the top of | | | | | |
| | | wn). Answer eve | | | ino torini on the top of | any ada. | tional po | agoo, mino y | our numo una ouoc | |
| Dar | rt 1: Des | cribe Your House | ahald | | | | | | | |
| 1 ai | Is this a jo | | Ellola | | | | | | | |
| | _ ` | to line 2. | | | | | | | | |
| | = | es Debtor 2 live | in a separ | ate household? | | | | | | |
| | | No | | | | | | | | |
| | | Yes. Debtor 2 mu | ust file Offici | ial Form 106J-2, <i>Exper</i> | nses for Separate House | ehold of D | ebtor 2. | | | |
| 2. | Do you ha | ve dependents? | ☐ No | | | | | | | |
| | Do not list Debtor 1 and | | | | or Dependent's relat | Dependent's relationship to | | Dependent's | Does dependent | |
| | Debtor 2. | | | each dependent | Debtor 1 or Debto | r 2 | ag | е | live with you? | |
| | Do not stat | | | | - | | | | ☐ No | |
| | dependent | s names. | | | Daughter | | | | ✓ Yes | |
| | | | | | | | | | ∐ No □ Yes | |
| | | | | | | | | | □ res □ No | |
| | | | | | - | | | | Yes | |
| | | | | | | | | | ☐ No | |
| 3. | Do your ex | cpenses include | | No | - | | | | ∐ Yes | |
| 0. | | of people other | | Yes | | | | | | |
| | yourself a | nd your depende | ents? | | | | | | | |
| Par | rt 2: Esti | mate Your Ongo | ing Monthl | y Expenses | | | | | | |
| | timate your | expenses as of y | our bankrı | uptcy filing date unles | ss you are using this fo | | | | | |
| | penses as of plicable date | | bankruptc | y is filed. If this is a s | upplemental Schedule | J, check | the box | at the top of | f the form and fill ir | 1 the |
| | | | | | | | | | | |
| | • | • | | government assistan cluded it on <i>Schedul</i> e | - | | | | | |
| | ficial Form 1 | | ia nave inc | naded it on ochedure | i. Tour income | | | Your expe | enses | |
| | | | | | | _ | | | | |
| 4. | The rental | or home owners | ship expen | ses for your residence | ce. Include first mortgage | e , | \$ | | 655.00 | |
| | payments a | and any rent for th | ne ground o | r lot. | | ٦. | Ψ | | | |
| | If not inclu | ided in line 4: | | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | erty, homeowner | 's, or renter | 's insurance | | 4b. | · | | 70.00 | |
| | • | e maintenance, r | - | | | 4c. | | | 0.00 | |
| | | eowner's associa | | | | 4d. | | | 0.00 | |
| 5. | Additional mortgage payments for your residence, such as home equity loans | | | | | | \$ | | 0.00 | |

| Deb | tor 1 Shanita D. Outing | Case numbe | er (if known) | 20-10679 |
|------------|--|----------------|---------------|-------------------------------|
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. \$ | 6 | 375.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ | · | 100.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | <u> </u> | 230.00 |
| | 6d. Other. Specify: | 6d. § | | 0.00 |
| . | Food and housekeeping supplies | 7. 9 | | 200.00 |
| | Childcare and children's education costs | 8. 9 | <u> </u> | 180.00 |
| | Clothing, laundry, and dry cleaning | 9. \$ | | 0.00 |
| 0. | Personal care products and services | 10. | <u> </u> | 0.00 |
| | Medical and dental expenses | 11. \$ | | 10.00 |
| | Transportation. Include gas, maintenance, bus or train fare. | , | | 10.00 |
| | Do not include car payments. | 12. \$ | 5 | 45.00 |
| 3. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | <u> </u> | 0.00 |
| | Charitable contributions and religious donations | 14. \$ | | 0.00 |
| | Insurance. | | | <u> </u> |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. \$ | 5 | 0.00 |
| | 15b. Health insurance | 15b. \$ | <u> </u> | 0.00 |
| | 15c. Vehicle insurance | 15c. § | <u> </u> | 93.60 |
| | 15d. Other insurance. Specify: | 15d. § | <u> </u> | 0.00 |
| 3. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | <u> </u> | | <u> </u> |
| | Specify: | 16. \$ | 5 | 0.00 |
| 7 . | Installment or lease payments: | | - | |
| | 17a. Car payments for Vehicle 1 | 17a. \$ | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. \$ | <u> </u> | 0.00 |
| | 17c. Other. Specify: | 17c. \$ | <u> </u> | 0.00 |
| | 17d. Other. Specify: | 17d. § | | 0.00 |
| 3. | Your payments of alimony, maintenance, and support that you did not report as | <u> </u> | | |
| | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | 5 | 0.00 |
| 9. | Other payments you make to support others who do not live with you. | 9 | 5 <u> </u> | 0.00 |
| | Specify: | 19. | | |
|). | Other real property expenses not included in lines 4 or 5 of this form or on Sch | nedule I: You | r Income. | |
| | 20a. Mortgages on other property | 20a. \$ | 5 | 0.00 |
| | 20b. Real estate taxes | 20b. \$ | 5 | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. \$ | <u> </u> | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | <u> </u> | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. \$ | · | 0.00 |
| | Other: Specify: | 21. + | +\$ | 0.00 |
| | · | | | |
| | Calculate your monthly expenses | | | |
| | 22a. Add lines 4 through 21. | | \$ | 1,958.60 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 $$ | | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,958.60 |
| | | L | | , |
| 5. | Calculate your monthly net income. | 22 | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | <u> </u> | 2,495.94 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b | \$ | 1,958.60 |
| | 23c. Subtract your monthly expenses from your monthly income. | Γ | | |
| | | 23c. § | 6 | 537.34 |
| | The result is your monthly net income. | 200. | | 201.01 |
| 4. | Do you expect an increase or decrease in your expenses within the year after y | ou file this f | orm? | |
| • | For example, do you expect to finish paying for your car loan within the year or do you expect you | | | ease or decrease because of a |
| | modification to the terms of your mortgage? | , , , | | |
| | _ | | | |
| | ▼ No. Yes. Explain here: | | | |